

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: SHILOH HOUSE I (0010472)

Address: 224 22ND AVENUE EAST, ASHLAND, WI 54806

License Status: REGULAR

Licensed/Certified/Registered 09/01/2004

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0095307 **End Date:** 07/18/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009438 Served 08/04/2005

Deficiencies Cited

83.32(2)(a)

83.33(2)(a)

Subject Area

INDIVIDUALIZED SERVICE PLAN-SCOPE

SUPERVISION

Compliance
Verified

Corrected

Survey ID: 0094327 **End Date:** 03/10/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
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Survey ID: 0093659 End Date: 10/26/2004 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009342 Served 11/24/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(c)1	ADEQUATE STAFFING	07/18/2005	Yes
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD	07/18/2005	Yes
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	07/18/2005	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	07/18/2005	Yes
83.32(2)(c)2	ANNUAL EVALUATION UPDATED	07/18/2005	Yes
83.33(2)(a)	SUPERVISION	07/18/2005	No

Survey ID: 0093321 End Date: 08/31/2004 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0092022 End Date: 02/18/2004 Type: INITIAL Purpose: SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

Enforcement History

Date: 08/03/2005 SOD #10009438 Appealed: No

Sanctions

FORFEITURE---83.32(2)(a)

FORFEITURE---83.33(2)(a)

Date: 11/18/2004 SOD #10009342 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

PROVIDE TRAINING

FORFEITURE---83.15(1)(c)1

FORFEITURE---83.19(1)(d)

FORFEITURE---83.21(4)(p)

FORFEITURE---83.32(2)(a)

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

Complaint History

Date Complaint Received: 05/26/2005

Date Investigation Completed: 07/18/2005

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

10009438

Date Complaint Received: 12/10/2004

Date Investigation Completed: 03/10/2005

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/15/2004

Date Investigation Completed: 03/10/2005

Subject Area(s)

ADMINISTRATION

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/08/2004

Date Investigation Completed: 10/26/2004

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

10009342
10009342

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